# ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

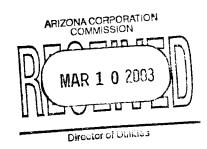
#### ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY



W-02267A McAdams Water Company 50644 N. 33rd Ave. Phoenix AZ 850270000

# **ANNUAL REPORT**

FOR YEAR ENDING



12 31 2002

FOR COMMISSION USE

## **COMPANY INFORMATION**

Company Name (Business Name	Steve McAdan	ns Water	Co
Mailing Address 10434  De Ha  (City)	Iowa	52.	550
(City)	(State)	(Z	ip)
641-624-2106 Telephone No. (Include Area Code)			
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (I	nclude Area Code)
Email Address			
Local Office Mailing Address 50  New River  (City)	0644 No 3	3 ed Ave	
New River	(Street)	850	87
(City)	(State)	(Zip	)
623 - 465 - 7271 Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell N	o. (Include Area Code)
	Tax 110. (metade / nea code)	ragencent	o. (mende /wea code)
Email Address			
	NAGEMENT INFORMAT		
Management Contact:	(Name)	(Tit	le)
Management Contact: D	332 Ave New	River Az	-85087
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (In	clude Area Code)
Email Address		1 T 10 T 2	
On Site Manager:			
On Site Manager:	(Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Incl	ude Area Code)
Email Address			

Statutory Agent:			
	(Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Pager/Cell No. (I	nclude Area Code)
Attorney:	(Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (In	clude Area Code)
OWI	NERSHIP INFORMATIO	<u>DN</u>	
Check the following box that applies to y	our company:		
Sole Proprietor (S)	C Corporation (C	(Other than Asso	ociation/Co-op)
Partnership (P)	Subchapter S Con	rporation (Z)	
☐ Bankruptcy (B)	Association/Co op	) (A)	
Receivership (R)	☐ Limited Liability	Company	
Other (Describe)			
	COUNTIES SERVED		
Check the box below for the county/ies in	n which you are certificated to pro	ovide service:	
□ APACHE	☐ COCHISE	□ сосо	NINO
☐ GILA	☐ GRAHAM	GREE	NLEE
☐ LA PAZ	MARICOPA	□ МОНА	VE
☐ NAVAJO	☐ PIMA	☐ PINAL	,
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA	
☐ STATEWIDE			

## **UTILITY PLANT IN SERVICE**

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			No.
348	Other Tangible Plant			
	TOTALS			

This amount goes on the Balance Sheet Acct. No. 108 -

## CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			4

This amount goes on Comparative Statement of Income and Expense Acct. No. 403.

#### **BALANCE SHEET**

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS		
		\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$	\$

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

## BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	LIABILITIES	YEAR	YEAR
	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)	Ψ	Ι Ψ
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	Long-Term Notes and Bonds	3	J
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		7.447
218	Proprietary Capital (Sole Props and Partnerships)	Φ.	Φ.
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

# COMPANY NAME Steve McAdams Water Os.

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 3373	\$ 3472.
460	Unmetered Water Revenue		•
474	Other Water Revenues		
	TOTAL REVENUES	\$ 3373	\$ 3472
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 570	\$ 555.
610	Purchased Water		
615	Purchased Power	584	642
618	Chemicals		
620	Repairs and Maintenance	234	195
621	Office Supplies and Expense	234 65	70
630	Outside Services		•
635	Water Testing	45	69
641	Rents		
650	Transportation Expenses	230	245
657	Insurance – General Liability	375 <sup>-</sup>	245 550
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	60	75
403	Depreciation Expense		·
408	Taxes Other Than Income	199.	194.
408.11	Property Taxes	199. 363.	964.
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 3325	\$ 3559,
	OPERATING INCOME/(LOSS)	\$	\$
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$ 48.	\$ (87)

## SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	S	\$	\$
Date of Maturity				
Interest Rate				
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ 
Meter Deposits Refunded During the Test Year	\$ _

#### WATER COMPANY PLANT DESCRIPTION

#### **WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (Gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
803-745L	15-15	750	40'	8''	13"	

Arizona Department of Water Resources Identification Number

#### **OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
None		

BOOSTER PUMPS		FIRE HYD	PRANTS	
Horsepower Quantity		Quantity Standard	Quantity Other	
None				

STORAGE T.	ANKS	PRESSURE	TANKS
Capacity	Quantity	Capacity	Quantity
		5000 gal	1

## WATER COMPANY PLANT DESCRIPTION (CONTINUED)

#### **MAINS**

Size (in inches)	Material	Length (in feet)
2	PIC	Length (in feet)
3		
4	PVC	3680'
5		
6		
8		
10		
12		

#### **CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X <sup>3</sup> / <sub>4</sub>	
3/4	6
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in	each category.
TREATMENT EQUIPMENT:	
STRUCTURES:	
OTHER:	

COMPANY NAME:		

#### WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2002

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	7		
FEBRUARY	)		100
MARCH			
APRIL			
MAY		1 = 15 to PA New York	
JUNE			
JULY			
AUGUST			
SEPTEMBER		0 110	
OCTOBER		Total of.	10/10/11
NOVEMBER		,	7/0
DECEMBER		864,847.5	1237,200
	TOTAL	N/A	17

Is the Water Utilit	y located in an ADW	R Active Management Area (AMA)?
( ) Yes	(X) No	
Does the Compan	y have An ADWR Ga	llons Per Capita Per Day (GPCPD) requirement?
( ) Yes	() No	
If yes, provide the	GPCPD amount:	
What is the level of (If more than one well, ple		l on your system. <u>.002</u> mg/l

Note: If you are filing for more than one system, please provide separate data sheets for each system.

# COMPANY NAME Steve Mc Adams Water G. YEAR ENDING 12/31/2002

## **PROPERTY TAXES**

tach to this annual rep	port proof (e.g. p	roperty tax bi	lls stamped "pa	uid in full" or cop	pies of cancelled	i checks fo
operty tax payments)	of any and all pro	operty taxes p	aid during the	calendar year.		
no property taxes paid	d, explain why					

#### **INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported Estimated or Actual Federal Tax Liability

State Taxable Income Reported
Estimated or Actual State Tax Liability

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances
Amount of Gross-Up Tax Collected
Total Grossed-Up Contributions/Advances

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

#### **CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation, the managing general partner, if a partnership; the managing member, if a limited liability company of the sole proprietor, if a sole proprietorship.

SIGNATURE

3-1-2003 DATE

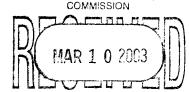
Steve Me Adams

PRINTED NAME

Owner

TITLE

### VERIFICATION AND SWORN STATEMENT



**Intrastate Revenues Only** VERIFICATION COUNTY OF (COUNTY NAME) Maricopa STATE OF NAME (OWNER OR OFFICIAL) TITLE I, THE UNDERSIGNED Steve COMPANY NAME Steve mcAdams Water Ca OF THE DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA COPRORATION COMMISSION MONTH DAY YEAR FOR THE YEAR ENDING 12 31 2002

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2002 WAS:</u>

Arizona IntraState Gross Operating Revenues Only (\$)

s 3 47 2

(THE AMOUNT IN BOX ABOVE INCLUDES 52/8.74
IN SALES TAXES BILLED, OR COLLECTED

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

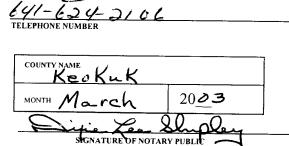
474

DAY OF

(SEAL)

MY COMMISSION EXPIRES

9-13-05





### **VERIFICATION** AND SWORN STATEMENT RESIDENTIAL REVENUE



VERIFICATION

INTRASTATE REVENUES ONLY

STATE OF ARIZONA	' (COUNTY NAME)
i	

NAME (OWNER OR OFFICIAL) Mc Adams Water Co

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

I, THE UNDERSIGNED

MONTH DAY YEAR 12 31 2002

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2002 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

s 3472

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ 2/8.74

IN SALES TAXES BILLED, OR COLLECTED

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

NOTARY PUBLIC NAME 200.3



17631 North 25th Avenue Phoenix, Arizona 85023 P (602)324-6100 F (602)324-6101 ADHS# AZ0004

Steve McAdams 10434 230th St. Delta, IA 52550 Received: Reported: 1/30/03 2/13/03

Invoice No:

093620

Attn: Steve McAdams

Project Name:

Steve McAdams

PARAMETER	METHOD	RESULTS	UNITS	PQL	DATE ANALYZED
Matrix: Sample No: Sample ID:	Drinking Water 0301-00947-001 Point of Entry		Time Sampl Date Sampl		
Colilert Arsenic Lead Selenium	SM 9223B EPA 200.9 EPA 200.9 EPA 200.9	1 0.006 <0.005 <0.005	P/A mg/L mg/L mg/L	0.00 0.00 0.00	5 2/05/03

#### NOTE:

Interpretation of Colilert Results:

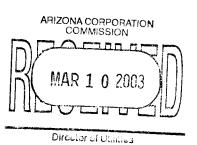
0 = Negative for Coliform bacteria

1 = Positive for Coliform bacteria and Negative for E.coli (fecal bacteria)

2 = Positive for Coliform bacteria and Positive for E.coli (fecal bacteria)

Stephanie armao

**Authorized Signatory** 



The second secon	4004
STEVE OR DONNA MCADAMS	1291
10434 230TH ST 641-624-2106 DELTA, IA 52550	5-25-0- 72-389/739
Sauce Control of the	
ENDER Marisopa do Les	\$491
four hersel with oned	Security Features A Security Features Page 1871
,	419.67 - 202-06-02792
Keokuk County State Bank Sigourney, Iowa	409.67 - 202-66-0279 2 84.47 - 635-49-707-0
Sigourney, Towa	Donna Mcadan M
1:0739038911: 04 5644	1291 0000049185

STEVE OR DONNA McADAMS 10434 230TH ST 641-624-2106 DELTA, IA 52550	2919
	act 5-200 Day
Four hund severy two	\$472, = \$472, = A SERVICE
Theoby Country State Bank	202-06-02/6-25886
Signature Signature, Towa	54.25 Donna McCidans 10
1:0739038911: 04 564	